

DEPARTMENT OF GENERAL SERVICES
 RECORDS MANAGEMENT DIVISION
 RECORDS RETENTION AND DISPOSAL SCHEDULE

Schedule No. 2352

Page 1 of 1

Agency MIEMSS Division/Unit Office of Education, Licensure & Certification

| Item No. | Description | Retention |
|----------|---|---|
| 1. | <p>EMS provider certification/licensure records</p> <p>This series applies to Maryland EMS provider paper records which include the following & additional items:</p> <ul style="list-style-type: none"> A. Certification/licensure applications & accompanying documents B. State certification/licensure examinations, if applicable C. Correspondence to/from provider regarding change with name, address, affiliation, & others D. Some continuing education records | <p>Expired provider records are retained for 7 years after becoming inactive then destroyed</p> |
| 2. | <p>EMS Course Files</p> <p>This series applied to all course records of each basic life support course held in the State of Maryland which include the following items & additional:</p> <ul style="list-style-type: none"> A. Attendance rosters B. Course examination results C. Practical examination results | <p>Retain for 7 years after course completion then destroyed</p> |
| 3. | <p>Maryland Prehospital Provider Records (MPPR)</p> <p>This series applies to Maryland EMS Provider electronic records which include the following items:</p> <ul style="list-style-type: none"> A. Provider address & phone numbers B. Provider licensure and/or certification levels C. Notes of activities of provider D. Records of continuing education E. Space for tracking ALS licensure attempts | <p>Retain in electronic format at Agency and update as needed.</p> |

Schedule Approved by Department, Agency, or Division Representative.
 Date 8/20/04
 Signature *Andy Trohanis*
 Typed Name Andy Trohanis
 Title Director, Education, Licensure & Certification

Schedule Authorized by State Archivist
 Date AUG 09 2005
 Signature *Edward C. Papenfuss*

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| <p>Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)</p> | <p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</p> | <p>AGENCY RECORDS INVENTORY</p> <p>PAGE <u>1</u> OF <u>3</u></p> |
| <p>Department/Agency MIEMSS</p> | <p>2. Division Education, Licensure & Certification</p> | <p>3. Unit</p> |
| <p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p> | | |
| <p>4. Record Series Title EMS provider, certification/licensure paper records</p> | <p>5. Earliest Year/Latest Year 1995 to present</p> | |
| <p>6. Record Series Description (Briefly describe the types of informationn/documents/forms found in the series. Include the purpose or function of the series.</p> <p>Each file folder contains the following:</p> <ul style="list-style-type: none"> - student application for certification/licensure - state certification/licensure examination results - correspondence to/from provider regarding change with name, address, affiliation and others - some continuing education records | | |
| <p>7. Record Series Format(s)</p> <p><input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm</p> <p><input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape</p> <p><input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk</p> <p><input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p>8. Record Series Sequence</p> <p><input checked="" type="checkbox"/> Alphabetical</p> <p><input type="checkbox"/> Numerical</p> <p><input type="checkbox"/> Chronological</p> <p><input type="checkbox"/> Geographical</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p>9. Volume</p> <p><u>11</u> Number</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) rolling file</p> <p>10. Annual Accumulation shelves</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input checked="" type="checkbox"/> Other (specify) files</p> |
| <p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly</p> | <p>12. File Becomes Inactive After</p> <p><u>7</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p> <p>Number</p> <p>after provider license/certification expires</p> | |
| <p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>653 W. Pratt Street, Rm. 204</p> | <p>14. Is Record Series Duplicated Elsewhere? expires</p> <p>(If yes, specify agency or office)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>partially on computer database</p> | |
| <p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If Yes, cite Law(s) & Regulation(s)</p> <p>Family Education & Rights to Privacy Act of 1974 and the Buckley Amendment</p> | <p>16. Audit Requirements</p> <p><input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p> | |
| <p>17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>alphabetically</p> | <p>18. Recommended Retention</p> <p>7 years after expiration then destroy</p> | |
| <p>Name and Title of Preparer William Seifarth Associate Director</p> | <p>20. Telephone Number 410-706-3666</p> | <p>21. Date 8/20/04</p> |

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| <p>Instructions - Type or Print a separate form for each new or revised record series, forward with Record Retention Schedule (DGS 550-1)</p> | <p>DEPARTMENT OF GENERAL SERVICES RECORDS MANAGEMENT DIVISION 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794</p> | <p>AGENCY RECORDS INVENTORY</p> <p style="text-align: right;">.PAGE <u>3</u> OF <u>3</u></p> |
| <p>1. Department/Agency MIEMSS</p> | <p>2. Division Education, Licensure & Certification</p> | <p>3. Unit</p> |
| <p>DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.</p> | | |
| <p>4. Record Series Title Maryland Prehospital Provider Record (MPPR) electronic data</p> | <p>5. Earliest Year/Latest Year <u>1995</u> to <u>present</u></p> | |
| <p>6. Record Series Description (Briefly describe the types of informationn/documents/forms found in the series. Include the purpose or function of the series.)</p> <p>Each MPPR record contains the following: -Provider address and phone numbers -Provider licensure and/or certification levels -Notes of activities of provider -Record of continuing education -Space for tracking ALS licensure attempts</p> | | |
| <p>7. Record Series Format(s)</p> <p><input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) <u>computer network</u></p> | <p>8. Record Series Sequence</p> <p><input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____</p> | <p>9. Volume</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>Records</u></p> <hr/> <p>10. Annual Accumulation</p> <p>Number _____</p> <p><input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) <u>Computer Network</u></p> |
| <p>11. File is Used</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly</p> <p style="text-align: center;">at most per provider</p> | <p>12. File Becomes Inactive After</p> <p><u>7</u> Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)</p> <p style="text-align: center;">after expiration</p> | |
| <p>13. Current Location(s) (Bldg., Floor, Room)</p> <p>the network is stored on the 4th Floor</p> | <p>14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>backed up electronically</p> | |
| <p>15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If Yes, cite Law(s) & Regulation(s))</p> <p>Family Educational Rights to Privacy Act of 1974 and the Buckley Amendment</p> | <p>16. Audit Requirements</p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent</p> | |
| <p>17. Is an Index System Used? (If yes, explain briefly and describe any hardware/software)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>18. Recommended Retention</p> <p>Retained permanently</p> | |
| <p>Name and Title of Preparer William Seifarth Associate Director</p> | <p>20. Telephone Number 410-706-3666</p> | <p>21. Date 8/20/04</p> |